MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045108 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 11576

FILED DEC 7 1962

1
24005 3 R DATE AMENDED
3
4 0
5 2
6
7 1
8 1
9
10
11
12 58-0
13

58

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 9 Hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospital
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St. Louis
c. CITY OR TOWN: Richmond Heights
Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 6314 Clayton Road
Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First ALLISTER — Middle NMN — Last WYLIE

4. DATE OF DEATH: Month Nov. — Day 28, — Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6/23/1898

9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician & Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Music

11. BIRTHPLACE (City and state or country): Connersville, Indiana

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Donald McKenzie Wylie

13b. MOTHER'S MAIDEN NAME: Alta Silvy

14. NAME OF HUSBAND OR WIFE: Opal Potter Wylie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Robert A. Wylie — Address: 9385 Sisson La Mesa, Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:)

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	CARDIAC INSUFFIENCY	1 WK.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	ARTERIOSCLEROTIC HEART DISEASE	??
DUE TO (c)	& PULMONARY EMPHYSEMA	2 YRS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): DIABETES MELLITUS 420.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Feb. 23, 1950 to Nov. 28, 1962 and last saw him alive on Nov. 27, 1962

Death occurred at 2:50 A.M. Nov. 28, 1962 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert E Cook, M.D.

22b. ADDRESS: 35 N. Central

22c. DATE SIGNED: 11-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal (Rail)

23b. DATE: 12/3/1962

23c. NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery

23d. LOCATION (City, town, or county) (State): Sullivan, Ill.

24. FUNERAL DIRECTOR — ADDRESS: Alexander & Sons 6175 Delmar Blvd

25. DATE RECD. BY LOCAL REG.: DEC 3- 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

Dr.Robert E.Koch

35 No.Central Ave

Pa.5-9656

4 to 6 P.M. Thurs.

1 to 6 Fri.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jos-E McCulloh

Licensed Embalmer No. 2460

P. O. Address 4170 Ellmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.